

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

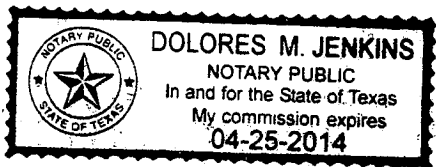
| | | | | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The SPAC Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | | 2 Total pages filed: | |
| 3 COMMITTEE NAME <i>NO BONDS FOR BILLIONAIRES - POLITICAL ACTION COMMITTEE</i> | | | | OFFICE USE ONLY Date Received: <i>2013 MAY 28</i> CITY CLERK DEPT. Date Hand-delivered or Postmarked: <i>MAY 28 2013</i> Receipt #: <i>CH 12-06</i> Amount: Date Processed: Date Imaged: | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2705 DOUG FORD DR., EL PASO, TX 79935</i> | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS <i>MR</i> FIRST <i>OTHON</i> MI NICKNAME LAST <i>MEDINA</i> SUFFIX | | | | |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2705 DOUG FORD DR., EL PASO, TX 79935</i> | | | | |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>SAME AS ABOVE</i> | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(915) 449-1687</i> | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <i>JAN / 1 / 2013</i> THROUGH <i>/ /</i> | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>NOV / 6 / 2012</i> | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special | | |

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| | | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 12 COMMITTEE NAME <i>NO BONDS FOR BILLIONAIRES- POLITICAL ACTION COMMITTEE</i> | | ACCOUNT # (Ethics Commission Filers) | |
| 13 COMMITTEE PURPOSE <small>(Attach lists on plain paper to complete this report if necessary.)</small> | <input type="checkbox"/> CANDIDATE | CANDIDATE / OFFICEHOLDER NAME | |
| | <input type="checkbox"/> OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | |
| | <input checked="" type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # <i>CITY ELECTION BOND</i> ELECTION DATE <i>PROP #1, 2, 3</i> <i>NOV / 6 / 2012</i> | |
| | <input type="checkbox"/> ASSIST (Officeholder) | DESCRIPTION <i>PROP 1 PARKS, REC. & IMPROVEMENTS PROP 2 MUSEUM, LIBRARY, CULTURAL, ETC. FACILITIES PROP 3 VENUE PROJECT + HOTEL OCCUPANCY TAX</i> | |
| 14 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | <i>0</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | <i>0</i> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | <i>0</i> |

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Alfon Medina Jr.*, this the *28th* day of *May*, 20 *13*, to certify which, witness my hand and seal of office.

Dolores M. Jenkins

Signature of officer administering oath

Dolores M. Jenkins

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F: 1 | | 2 FILER NAME NO BONDS FOR BILLIONAIRES- POLITICAL ACTION COMMITTEE | | 3 ACCO UNT # (Ethics Commission Filers) | |
| 4 Date 03/25/13 | | 5 Payee name CITY EMPLOYEES ASSOCIATION OF EL PASO | | | |
| 6 Amount (\$) \$430.00 \$325.00 | | 7 Payee address; City; State; Zip Code 90 DAVID OCHOA 4431 TROWBRIDGE EL PASO, TX 79903 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) OTHER | | (b) Description: (If travel outside of Texas, complete Schedule T) REFUND OF BALANCE OF CONTRIBUTION DUE TO DISSOLUTION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held | |
| Date 1/1/13 - 4/30/13 | | Payee name BANK OF AMERICA | | | |
| Amount (\$) 3298 | | Payee address; City; State; Zip Code P.O. BOX 25118 TAMPA, FL 33622-5118 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) BANKING | | Description: (If travel outside of Texas, complete Schedule T) FEES | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description: (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description: (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description: (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME

NO BONDS FOR BILLIONAIRES-POLITICAL ACTION
COMMITTEE

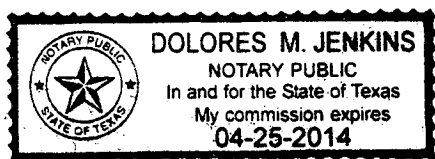
2 ACCOUNT # (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.


 Signature of Campaign Treasurer

DO NOT SIGN UNLESS
 POLITICAL COMMITTEE IS TO BE DISSOLVED



AFFIX NOTARY STAMP / SEAL ABOVE

CITY CLERK DEPT.
 2013 MAY 28 PM 12:06

Sworn to and subscribed before me, by the said Othon Medina Jr., this the 28th day of May, 20 13, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
 Signature of officer administering oath

Dolores M. Jenkins
 Printed name of officer administering oath

Notary
 Title of officer administering oath